



3762

JFJ

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
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FORM**

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Total Number of Pages in This Submission

3

Application Number

09/993,841

Filing Date

11/05/2001

First Named Inventor

Daniel J. Powers

Art Unit

Cartridge Having a Power Source and ...

Examiner Name

Nicole R. Kramer

Attorney Docket Number

US010599

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify
below):

Receipt Confirmation Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Signature

W Binton Yorks Jr

Printed name

W. Brinton Yorks, Jr.

Date

8/17/05

Reg. No.

28,923

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Signature

Jill Peistrup

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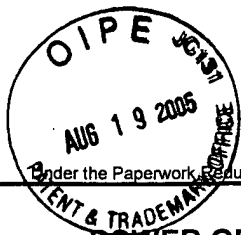
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Date

17 August 2005

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/993,841
Filing Date	11/05/2001
First Named Inventor	Daniel J. Powers
Title	Cartridge Having a Power Source ...
Art Unit	3762
Examiner Name	Nicole R. Kramer
Attorney Docket Number	US010599

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Address				
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Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Michael E. Marion</i>	Date	8/9/05
Name	Michael E. Marion	Telephone	914-333-9641
Title and Company	Authorized Representative, Koninklijke Philips Electronics N.V.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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